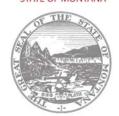
Elsie Arntzen, Superintendent

PO Box 202501 Helena, MT 59620-2501 406.444.5643 In-State Toll-free: 1.888.231.9393 TTY Users: 406.444.0235 opi.mt.gov

OFFICE OF PUBLIC INSTRUCTION STATE OF MONTANA





PAA3 - APPLICATION FOR ADDITIONAL ANB

DISTRICT: LEGAL ENTITY: COUNTY NAME:

This form provides the Office of Public Instruction with the necessary information to approve additional Average Number Belonging (ANB) used for calculating BASE funding amounts. Applicable instructions and definitions follow.

GENERAL INFORMATON

Additional approved ANB is used in the funding formula to account for special circumstances.

WHO MUST RESPOND

All public elementary, high school and K-12 districts which request approval of additional ANB for funding purposes must submit this form to the Superintendent of Public Instruction. Section 20-9-313, MCA list the conditions when a district is eligible to apply for additional ANB.

RETURN OF COPIES – DUE DATE

School districts requesting additional ANB must submit this form to the county superintendent who will transmit a signed, certified original to the Superintendent of Public Instruction by June 1 for the specific requested circumstance.

DEFINITIONS

Average Number Belonging (ANB): A number which reflects the average school membership. ANB is used primarily for funding purposes. NOTE: ANB is calculated by determining the average adjusted enrollment on the first Monday in October and the first Monday in February, times the total pupil instruction (PI) and pupil instruction related (PIR) days divided by 180. Three-year average ANB is calculated by adding current year ANB and two prior years' ANB and dividing by three.

ASSISTANCE

Technical questions regarding specific data items on this form may be directed to Nica Merala at (406) 444-4401 or nmerala@mt.gov.

CERTIFICATION - I do hereby certify that the data included with this application are complete to the best of my knowledge

Printed Name Board Chairperson	Signature	Date
Printed Name County Superintendent	Signature	Date

APPLICATION FOR ADDITIONAL ANB

Instructions

- Enter the requested enrollment increase by category.
- Explain the circumstances that justify the additional ANB request. Attach additional explanation as necessary.
- 1. OPENING OR REOPENING OF AN ELEMENTARY SCHOOL.

Procedure: 20-6-502 and 20-9-313(1) MCA

- A. Proposed date of opening or reopening of elementary school:
- B. County superintendent estimate of enrollment for new or reopening school for ensuing year:
 - i. K-6:
 - ii. 7-8:
- C. Basis for estimate of enrollment increase (clearly explain or attach documentation):
- OPENING OR REOPENING OF A MIDDLE SCHOOL

Procedure: 20-6-507 and 20-9-313(1) MCA

- A. Proposed date of opening or reopening of middle school:
- B. County superintendent estimate of enrollment for new or reopening school for ensuing year:
 - i. 4-6:
 - ii. 7-8:
- C. Basis for estimate of enrollment increase (clearly explain or attach documentation):
- 3. OPENING OR REOPENING OF A HIGH SCHOOL

Procedure: 20-6-503 through 20-6-505 and 20-9-313(2) MCA

- A. Proposed date of opening or reopening of high school:
- B. County superintendent estimate of enrollment for new or reopening school for ensuing year:
 i. 9-12:
- C. Basis for estimate of enrollment increase (clearly explain or attach documentation):
- 4. CLOSING OF PRIVATE OR PUBLIC SCHOOL

Procedure: 20-9-313(3) MCA

- A. Name and address of school that will close:
- B. Date school will close:
- C. County superintendent estimate of increased public school enrollment for this district, due to the closing of the private or public school:
 - i. K-6:
 - ii. 7-8:
 - iii. 9-12:
- D. Basis for estimate of enrollment increase (clearly explain or attach documentation):
- 5. ANTICIPATED UNUSUAL ENROLLMENT INCREASE

Procedure: 20-9-313(4) AND 20-9-314 MCA

- A. State reason for the unusual enrollment increase (i.e., mining opening):
- B. List estimated district enrollment for the first Monday in October of the ensuing school year in the following grade categories:
 - i. K-6:
 - ii. 7-8:
 - iii. 9-12:
- C. Attach documentation of the factual information upon which the estimated enrollment is based...

Pursuant to Section 20-9-314(6) MCA, equalization or entitlement increases resulting from this request will be reviewed after the October count of the ensuing year. If the actual ANB is less than the ANB used for funding calculations, the Superintendent of Public instruction shall revised the funding using the actual ANB. All payments received by the district in excess of the revised entitlements shall be overpayments and subject to the refund provisions in Section 20-9-344(4) MCA.

6. INITIAL YEAR OF KINDERGARTEN (5-YEAR OLD PROGRAM)

Procedure: 20-9-313(5) MCA

- A. Number of 5-year-old children residing in the district as of the preceeding Sept. 10
- B. Source of Data for line A (circle one)

Official school Data

Other

- C. Attach explanation and/or documentation to substantiate estimate on line A.
- 7. TRANSITION FROM A HALF-TIME TO FULL-TIME KINDERGARTEN PROGRAM

NOTE: A full-time kindergarten program must meet the minimum 720 aggregate hours of pupil instruction established in 20-1-301, MCA.

A. Anticipated % of kindergarten students offered a full-time program for the ensuing year for each elementary budget unit (K-6 7 K-8).

E1:

E2:

E3:

E4:

8. SPECIAL UNANTICIPATED CIRCUMSTANCES

Procedure: 10.20.103 ARM.

Briefly describe the special circumstances that affect the ANB calculations (example: no enrollment count for fall semester for new school or kindergarten program opening in second semester), Attach additional sheets if necessary.